



Camp Fiesta Registration Packet



Dear Camp Fiesta Participants/Parents

We would like to welcome you to another fun and exciting summer full of activities with old and new friends! We are looking forward to seeing all of you again and meeting all of the newcomers to Camp Fiesta. Listed below are guidelines that need to be followed for camp this summer:

1. Please pack a non-perishable lunch in a throwaway lunch bag. If you would like to use a recyclable lunch bag/sack please remember to permanently label the lunch bag with your child's name on it.
2. Please make sure that all paperwork from your registration packet has been filled out and mailed back to Mesa Parks and Recreation - Attn: Deanna Zuppan so that we have permission slips and important medical information on file for your child. This is very important and insures that we, the staff at Camp Fiesta, have the needed information in case of an emergency.
3. Please notify the site supervisor or Deanna Zuppan if there are any medication changes and please remember to send the medication in the original prescription bottle to camp.
4. There will be **no** camp held the week of June 30 - July 3, 2003.

Camp Fiesta

June 9 - July 24, 2003 (No camp the week of June 30 - July 3). Monday-Thursday

Full Day: 8:30-4:30 p.m.

Half Day: 12:00-4:30 p.m.

Camp Fiesta Sites

Franklin East - 1753 East 8th Ave. (Between Southern and Broadway / Stapley and Gilbert)
Shepherd Junior High - 1407 N. Alta Mesa (Crossroads are Brown and Alta Mesa)

Cost of Camp Fiesta

Full Day: \$250.00 **OR** \$150.00 **PLUS DDD VOUCHER**

Half Day: \$150.00 **OR** DDD Voucher

DDD Vouchers are accepted for half-day payment of Camp Fiesta. DDD voucher will be accepted for any City of Mesa Parks and Recreation summer half-day program for inclusion opportunities. For other City of Mesa Parks and Recreation summer programs please look in the *Time Out* Brochure.

Registration Packet must be postmarked no later than April 11, 2003

Mail to: Camp Fiesta Summer 2003

125 N. Hobson

Mesa AZ, 85203



Summer 2003 (ws)

Camp Fiesta General Information

Participant

Name: _____
First Last M.I.

Name of Parent/Guardian: _____

Home Phone: _____ Parents Work Phone: _____

Cell Phone: _____ Pager: _____

Home Address: _____

Mailing Address: _____

Alternate persons name and number to contact in case of an emergency (number must be different than Parent/Guardian) _____

Birth Date: _____ Last Grade of School Completed: _____

Name of School Last Attended: _____

Name of School Teacher and Program i.e., MOMD, MIMD etc. _____

Any known Allergies? _____

Medications (please list medications participant is taking but note that staff will refer to medication release form for more specific details): _____

Does participant have seizures? _____

I, the undersigned assume all risks and/or hazards with participation in or connection with this program, Camp Fiesta, and do hereby agree to hold harmless the City of Mesa or its employees for loss which may occur therein. I understand that each camp participant is responsible for his/her own health insurance.

Parent/Guardian Signature: _____ Date: _____

Camp Fiesta Participant Information Sheet

Does your child have aggressive behavior? If so, how does she/he display this behavior? _____

Is there a behavior management technique that you use with your child that is more effective than others? If so, please explain what works best for your child when she/he is acting out?

Does your child have a tendency to wander away from the group? _____

Does your child require assistance when toileting i.e., transfers, hand washing? _____

Can your child swim? _____

What amount of assistance do you feel your child needs to be safe in a public swimming pool?

For the safety of your child please list any other person(s) who may be picking up your child from Camp Fiesta and their telephone number. ** Please note your child will NOT be released to another individual unless her/his name is listed below and they have a matching picture form of I.D. with them. There are NO exceptions to this camp rule.

1. _____ Phone: _____

2. _____ Phone: _____

Is there any other important information that you would like to share with us to help your child have a positive and safe experience at Camp Fiesta? _____

Would you like to receive information about Mesa Adaptive Leisure Programs via E-mail?

☐ I would like to receive info about programs for physically disabled

☐ I would like to receive info about programs for mentally disabled

_____ email address Thank you!



Summer 2003

Dear Parent/Guardian:

Swimming at Camp Fiesta will be part of our weekly activity. Please complete this swimming permission slip. This permission slip will be kept in your child's camp file so that your child will be eligible to swim at camp. Please fill out your child's name, check the one that applies and sign at the bottom. Thank you for your cooperation.

Child's Name: _____

_____ may participate in the swimming activities under the supervision of Camp Fiesta staff.

_____ may not participate in the swimming activities at Camp Fiesta.

Parents Signature: _____ Date: _____

(See Life Jacket/Personal Flotation Device Requirement Waiver)

LIFE JACKET/PERSONAL FLOTATION DEVICE REQUIREMENT WAIVER

The City of Mesa Parks and Recreation Division requires program participants who have had seizures within the LAST 6 MONTHS and those participants requiring assistance with mobility to wear a life jacket/personal flotation device while participating in aquatic activities.

By signing this waiver, you are requesting that your son/daughter/ward be exempt from this requirement. You are stating that you understand that if your son/daughter/ward has a seizure while in the water without a life jacket/personal flotation device there is increased risk of injury or death.

In the event of a seizure while in the water, paramedics **WILL BE CALLED.**

It is strongly recommended that you consult your son's/daughter's/ ward's Physician prior to completing this form.

I, _____, hereby request that _____

Printed name of parent/guardian

Printed name of participant

be allowed to participate in program/camp aquatic activities without a life jacket/personal flotation device.

I agree to release the City of Mesa Parks and Recreation Division and its employees from all liability arising from any harm or injury which occurs as a result of my request that my son/daughter/ward not be required to wear a life jacket/personal flotation device while participating in program/camp aquatic activities.

Signature of parent/guardian

Date

(Parent Provides Jacket)

City of Mesa
Parks and Recreation – Adaptive Programs
125 North Hobson
Mesa, Arizona 85201



RELEASE OF INFORMATION FORM – 2003

I, _____, (parent/guardian/care provider) am enrolling my child in a Mesa Parks and Recreation Division program. I hereby give my permission for you to release the information requested below for my child. I understand this information will be used to plan appropriate activities for my child. Please check all methods you give permission for.

_____ Release of IEP information (social skill level, cognitive skill level, fine and gross motor skill level).

_____ Therapeutic Recreation staff classroom visit/observation of child

_____ Teacher and TR staff phone conversation.

**RELEASE FOR PARTICIPANT TO CARRY EPI-PEN AND/OR
INHALER ON PERSON**

As the parent/guardian, I give my permission for _____
to carry and use the labeled medication of _____ during
program hours as advised by his/her physician for medical reasons.

Parent/Guardian signature _____

Date _____

Note: If the participant demonstrates irresponsibility in carrying/using this medication, the medication will be held by the Site Supervisor and the parent/guardian will be immediately notified.

MESA PARKS AND RECREATION SUMMER MEDICATION RECORD

As the parent/guardian of _____, I give my consent for the Site Supervisor, Program Coordinator, or his/her designee, to see that my child/ward receives the medication as listed below:

Please note: A separate medication sheet must be kept for each med given Page___ of___

Participant: _____ Year: _____

Medication: _____ Program: _____

Dose: _____ Location: _____

Time to be given: _____ Group: _____

Start date: _____ End date: _____

Parent/Guardian signature: _____

(Official Use Only)

JUNE

JULY

DATE	INITIALS	COMMENTS	DATE	INITIALS	COMMENTS
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JUNE 9			JULY 7		
JUNE 10			JULY 8		
JUNE 11			JULY 9		
JUNE 12			JULY 10		

JUNE 16			JUNE 17		
JUNE 18			JUNE 19		
JULY 14			JULY 15		
JULY 16			JULY 17		

JUNE 23			JULY 21		
JUNE 24			JULY 22		
JUNE 25			JULY 23		
JUNE 26			JULY 24		

Signature of Person Giving Medication	Position	Initials
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A= participant absent

R= refused to take medication

X= no program today

0= no med sent to program